



New Jersey Department of Environmental Protection
Site Remediation Program

ALTERNATIVE OR NEW REMEDIATION STANDARD
AND/OR SCREENING LEVEL APPLICATION FORM

Date Stamp
(For Department use only)

NOTE: This form shall be completed for all contaminants for which a direct contact exposure pathway alternative or new remediation standard, alternative impact to ground water soil remediation standard, alternative vapor intrusion screening level, ecological risk-based remediation goal, and/or ecological risk management decision goal is being implemented and/or requested for a site or area of concern. The form shall be used regardless of whether Department pre-approval is required.

SECTION A. SITE NAME AND LOCATION

Site Name: _____

List all AKAs: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

Program Interest (PI) Number(s): _____

Case Tracking Number(s): _____

SECTION B. REMEDIATION STANDARD NOTIFICATION SPREADSHEET

Complete and attach the Remediation Standard Notification Spreadsheet which can be found at:

<http://www.nj.gov/dep/srp/srra/forms/>. This form will not be processed by the NJDEP if the spreadsheet is not attached.

SECTION C. PURPOSE FOR SUBMISSION

Pre-Approval Required:

- ☐ Ingestion/Dermal Alternative Soil Remediation Standard
☐ Inhalation Alternative Soil Remediation Standard
(New Toxicity Data, New Modeling, etc.)
☐ Development of New Remediation Standard
☐ Ecological Risk Based Remediation Goal
☐ Ecological Risk Management Decision Goal

No Pre-Approval Required:

- ☐ Inhalation Alternative Soil Remediation Standard
(Calculation Spreadsheet)
☐ Impact to Groundwater Alternative Soil Remediation Standard
☐ Vapor Intrusion Alternative Screening Level
☐ Development of New Vapor Intrusion Screening Level

SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____

Representative Last Name: _____

Title: _____

Phone Number: _____

Ext: _____

Fax: _____

Mailing Address: _____

City/Town: _____

State: _____

Zip Code: _____

Email Address: _____

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____

Date: _____

Name/Title: _____

No changes to contact information since last submittal ☐

SECTION E. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: _____

First Name: _____ Last Name: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

- ☐ *directly oversaw and supervised all of the referenced remediation, and/or*
☐ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: _____ Date: _____

LSRP Name/Title: _____

Company Name: _____

No changes to contact information since last submittal ☐

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420